

NOV 14 2011

510(k) Summary

Device Trade Name: Acu-Sinch Repair System and Acumed Suture Anchor

Manufacturer: Acumed, LLC
5885 NW Cornelius Pass Road
Hillsboro, OR 97124

Contact: Ms. Lino Tsai
Regulatory Specialist
Phone: (503) 627-9957

Prepared by: Musculoskeletal Clinical Regulatory Advisers, LLC
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Washington, DC 20005
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Date Prepared: October 28, 2011

Classifications: 21 CFR 888.3030, Single/multiple component metallic
bone fixation appliances and accessories

and

21 CFR 888.3040, Smooth or threaded metallic bone
fixation fasteners

Class: II

Product Codes: HTN, HWC, MBI, and HRS

Indications For Use:

The Acu-Sinch Repair System is intended to be used in conjunction with a clavicle plate of the Congruent Bone Plate System to provide fixation during the healing of clavicle fractures.

The Acu-Sinch Repair System also may be used as a stand-alone system for treatment of acromioclavicular and/or coracoclavicular ligament disruption.

The Acumed Suture Anchor is intended for fixation of suture to bone in the shoulder, foot/ankle, knee, hand/wrist, and elbow in the following procedures:

- Shoulder: Rotator Cuff Repairs, Bankart Repair, SLAP Lesion Repair, Biceps Tenodesis, Acromio-Clavicular Separation Repair, Deltoid Repair, Capsular Shift or Capsulolabral Reconstruction

- Foot/Ankle: Lateral Stabilization, Medial Stabilization, Achilles Tendon Repair, Hallux Valgus Reconstruction, Midfoot Reconstruction, Metatarsal Ligament Repair
- Knee: Anterior Cruciate Ligament Repair, Medial Collateral Ligament Repair, Lateral Collateral Ligament Repair, Patellar Tendon Repair, Posterior Oblique Ligament Repair, and Iliotibial Band Tenodesis
- Hand/Wrist: Scapholunate Ligament Reconstruction, Ulnar Collateral Ligament Reconstruction, Radial Collateral Ligament Reconstruction
- Elbow: Biceps Tendon Reattachment, Ulnar or Radial Collateral Ligament Reconstruction

Acumed's Locking Clavicle Plating System is designed to provide fixation during fractures, fusions, or osteotomies of the clavicle.

Device Description:

The Acu-Sinch Repair System consists of several components (Suture Anchor, Clavicle Fracture Plate, Acu-Sinch plate, Suture Retainer, Screws, and Suture) which can be combined to create various device constructs to treat the indications listed above. The Suture Anchor can be used for fixation of suture to bone in the anatomic locations listed above.

Substantial Equivalence

The components of the Acu-Sinch Repair System are substantially equivalent to the following devices: Smith & Nephew Ultraslide Acromioclavicular and Syndesmotic Repair Device (K082095); and Arthrex TightRope™ Acromioclavicular (AC) Device (K052776) with respect to indications, materials, and technological characteristics. The suture to be used with the Acu-Sinch Repair System was cleared in K063778. When the Acu-Sinch Repair System is used as an adjunct in fracture repair, the clavicle plates are substantially equivalent to plates cleared in K012655 with respect to materials and plate strength.

The Acumed Suture Anchor is substantially equivalent to the Arthrex Corkscrew FT (K061665) with respect to indications, materials, and technological characteristics. The suture to be used with the Acumed Suture Anchor was cleared in K063778.

Preclinical Testing:

The Acu-Sinch Repair System was subjected to load to failure and fatigue testing. A pull-out comparison testing was performed to support the use of 2.3mm screws with the Distal Clavicle Plates. In addition, an engineering analysis of the plates was completed. The results demonstrate that the components are substantially equivalent to the predicate.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
10903 New Hampshire Avenue
Document Control Room - WO66-G609
Silver Spring, MD 20993-0002

Acumed LLC
% Ms. Lino Tsai
Regulatory Specialist
5885 NW Cornelius Pass Road
Hillsboro, Oregon 97124-9432

NOV 14 2011

Re: K112111
Trade/Device Name: Acu-Sinch Repair System
Regulation Number: 21 CFR 888.3030
Regulation Name: Single/multiple component metallic bone fixation appliances and accessories
Regulatory Class: Class II
Product Code: HTN, HWC, MBI, HRS
Dated: October 10, 2011
Received: October 11, 2011

Dear Ms. Tsai:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

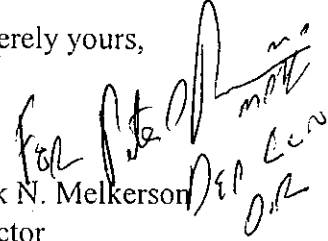
Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical

device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to <http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm> for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to <http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm> for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address <http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>.

Sincerely yours,



Mark N. Melkerson
Director
Division of Surgical, Orthopedic
and Restorative Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

4. Indications for Use

510(k) Number (if known): ~~K11211~~ K11211

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Prescription Use ✓
(Part 21 CFR 801 Subpart D)


AND/OR

Over-The-Counter Use _____
(21 CFR 801 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF
NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

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(Division Sign-Off)
Division of Surgical, Orthopedic,
and Restorative Devices

510(k) Number K11211

1/12/11

The Acumed Suture Anchor is intended for fixation of suture to bone in the shoulder, foot/ankle, knee, hand/wrist, and elbow in the following procedures:

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510(k) Number 1/12/11